

GUL

Must be
Postmarked
No Later Than
December 31, 2014

Gulino v. Board of Education
Employment Discrimination Case
c/o GCG
PO Box 9000 #6543
Merrick, NY 11566-9000
1 (844) 322-8233
www.gulinolitigation.com



Claim Number:

Control Number:

CLAIM FORM**INSTRUCTIONS TO COMPLETE THIS CLAIM FORM ARE LOCATED ON PAGES 9 AND 10.**

IN ORDER FOR YOU TO BE ELIGIBLE FOR A MONETARY AWARD, A PERMANENT TEACHING POSITION, AND/OR RETROACTIVE SENIORITY AS PART OF THE LAWSUIT, YOU MUST RETURN A COMPLETED CLAIM FORM WITH YOUR SIGNATURE.

SECTION I - CLAIMANT INFORMATION

Claimant's Name (first, middle, last): (enter Administrator or Executor information in Section IV)

Other Name(s) Used (if applicable):

Social Security Number:

Date of Birth:

/ / (mm/dd/yyyy)

Current Address:

City:

State: **Zip:**

Email Address (Email address is not required, but if you provide it you authorize the Claims Administrator to use it in providing you with information relevant to this claim.)

Home Telephone Number:

Work Telephone Number:

- -

- -

Cell Telephone Number:

Other Telephone Number:

- -

- -

Prior Address:

City:

State: **Zip:**



SECTION II - ELIGIBILITY FOR MONETARY AWARD

You may be entitled to, and will be considered for, backpay (lost salary and benefits), reimbursement of medical expenses and lost pension and retirement benefits. Answers to these questions will help to determine your membership in the class and thus eligibility for monetary relief. **Please review the statements and questions below and check the box and/or fill in the blanks as they apply to you. You must answer every question.**

1. Please select your race:

African American Latino

2. Have you worked as a teacher for the New York City Department of Education ("DOE") at any time since June 29, 1995?

Yes No

3. Did you fail any administration of the Liberal Arts and Sciences Test ("LAST") given on or before February 13, 2004?

Yes No

4. Are you a United States citizen?

Yes No

- If you are a naturalized U.S. Citizen, when did you obtain your citizenship?

/ / (mm/dd/yyyy)

- If you are not a United States citizen, do you have an H1 Visa?

Yes No

If yes, when did you obtain the H1 Visa?

/ / (mm/dd/yyyy)

5. Have you collected any award of backpay from any employer as a result of a judgment or settlement of a lawsuit alleging discrimination from the time you failed the LAST through the present?

Yes No

6. Have you received unemployment, disability benefits, or workers compensation from the City of New York since you left the DOE?

Yes No

7. Have you ever been convicted of a felony?

Yes* No

***Answering 'Yes' will NOT automatically disqualify you for an award.**

8. Has a Court ever rendered a finding indicating you have abused or neglected a child?

Yes No

9. As part of monetary relief, you may be entitled to collect the value of out-of-pocket medical expenses, including insurance premiums, costs of health care-related office visits, and insurance deductibles. Reimbursable costs may include expenses for the care of dependents who are covered by your insurance or would have been covered by your insurance if provided by the DOE.

Please check here if you have documents establishing the amounts you have paid for medical care since first failing the LAST.



SECTION II - ELIGIBILITY FOR MONETARY AWARD (CONTINUED)

10. Please list all work history after the date you first failed the LAST through today, including any positions with the DOE, positions with the United States military during periods of active duty, or any other employment. If you were a full-time student, unemployed, retired, disabled, etc. please indicate that in the spaces provided. Indicate the beginning and ending month and year for each job, occupation, or other event. **Do not leave any gaps in the timeline.** Please attach additional pages if necessary.

Reminder: At the end of this Claim Form is a Consent Form for the Social Security Administration. Please be sure to fill out and sign this Claim Form AND the Consent Form. The Consent Form will only be used to obtain your earnings information from the Social Security Administration if you are eligible for an award and to assist in calculating the monetary award you may receive.

Please state the last NYC Board of Education School at which you were employed.

Starting Month/Year: _____ Ending Month/Year: _____

/ / / / /

School:

Employment History: (please begin with your current employer and work back to June, 1995)

Starting Month/Year: _____ Ending Month/Year: _____

/ / / / /

Employer:

Position:

Starting Month/Year: _____ Ending Month/Year: _____

/ /

Employer:

Position:

Starting Month/Year: _____ Ending Month/Year: _____

□ □ / □ □

Employer:

Position:



SECTION III - PERMANENT TEACHING POSITION

You may be entitled to be considered for a permanent teaching position with the New York City Department of Education.

Please check here if you would like to be considered for a permanent teaching position. Checking this box merely indicates your interest in being considered and does not mean you will be hired. Also, you will not have to accept a position if the City offers one to you. If you check this box, Plaintiffs' counsel will contact you with additional information regarding this form of relief.

SECTION IV - EXECUTOR OR ADMINISTRATOR INFORMATION

Check here if you are completing this form as the executor of a Claimant's estate or with power of attorney for a Claimant. Please write that person's name, social security number, and contact information, on page one hereof. Please enter your own name and contact information below. Please also provide documentation along with this Claim Form regarding your authority to submit this form on behalf of the Claimant.

Your Name (first, middle, last):

Address:

City:

State:

Zip:

Email Address (Email address is not required, but if you provide it you authorize the Claims Administrator to use it in providing you with information relevant to this claim.)

Home Telephone Number:

Work Telephone Number:

Cell Telephone Number:

Other Telephone Number:

SECTION V - ACKNOWLEDGMENT AND CERTIFICATION THAT MY ANSWERS ARE TRUE AND CORRECT

I UNDERSTAND AND ACKNOWLEDGE that additional information regarding my background and eligibility for relief may be requested, and I may be required to provide that information in order to be eligible to receive any award the Court may order in this lawsuit; **and I further understand that filling out this Claim Form does not guarantee that I will receive any individual award in this lawsuit.**

I CERTIFY under penalty of perjury that the information above is true and correct.

Signature of Claimant, Executor, Trustee, Etc.

Date

Print your name here

Capacity of Signor if not Claimant

Mail your Claim Form and the attached Consent Form to the address listed below, upload them electronically using the Claimant Portal at www.gulinolitigation.com, or email the Claim Form and Consent Form to Questions@gulinolitigation.com.

Gulino v. Board of Education
PO Box 9000, #6543
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Form SSA-7050-F4 (03-2019)
 Discontinue Prior Editions
 Social Security Administration

Page 1 of 4
 OMB No. 0960-0525

REQUEST FOR SOCIAL SECURITY EARNING INFORMATION

*Use This Form If You Need

1. Certified/Non-Certified Detailed Earnings Information

Includes periods of employment or self-employment and the names and addresses of employers.

2. Certified Yearly Totals of Earnings

Includes total earnings for each year but does not include the names and addresses of employers.

**DO NOT USE THIS FORM TO REQUEST
YEARLY EARNINGS TOTALS**

Yearly earnings totals are free to the public if you do not require certification.

To obtain FREE yearly totals of earnings, visit our website at www.ssa.gov/myaccount.

**Privacy Act Statement
Collection and Use of Personal Information**

Section 205 of the Social Security Act, as amended, authorizes us to collect the information on this form. We will use the information you provide to identify your records and send the earnings information you request. Completion of this form is voluntary; however, failure to do so may prevent your request from being processed.

We rarely use the information in your earnings record for any purpose other than for determining your entitlement to Social Security benefits. However, we may use it for the administration and integrity of Social Security programs. We may also disclose information to another person or to another agency in accordance with approved routine uses, which include but are not limited to the following:

1. To enable a third party or an agency to assist Social Security in establishing rights to Social Security benefits and/or coverage;
2. To comply with Federal laws requiring the release of information from Social Security records (e.g., to the Government Accountability Office and Department of Veterans' Affairs);
3. To make determinations for eligibility in similar health and income maintenance programs at the Federal, State, and local level; and,
4. To facilitate statistical research, audit, or investigative activities necessary to assure the integrity and improvement of Social Security programs.

A complete list of routine uses for earnings information is available in our Systems of Records Notices entitled, the Earnings Recording and Self-Employment Income System (60-0059), the Master Beneficiary Record (60-0090), and the SSA-Initiated Personal Earnings and Benefit Estimate Statement (60-0224). In addition, you may choose to pay for the earnings information you requested with a credit card. 31 C.F.R. Part 206 specifically authorizes us to collect credit card information. The information you provide about your credit card is voluntary. Providing payment information is only necessary if you are making payment by credit card. You do not need to fill out the credit card information if you choose another means of payment (for example, by check or money order). If you choose the credit card payment option, we will provide the information you give us to the banks handling your credit card account and the Social Security Administration's (SSA) account.

Routine uses applicable to credit card information, include but are not limited to: (1) to enable a third party or an agency to assist Social Security to effect a salary or an administrative offset or to an agent of SSA that is a consumer reporting agency for preparation of a commercial credit report in accordance with 31 U.S.C. §§ 3711, 3717, and 3718; and (2) to a consumer reporting agency or debt collection agent to aid in the collection of outstanding debts to the Federal Government. A complete list of routine uses for credit card information is available in our System of Records Notice entitled, the Financial Transactions of SSA Accounting and Finance Offices (60-0231). The notice, additional information regarding this form, routine uses of information, and our programs and systems is available on-line at www.socialsecurity.gov or at your local Social Security office.

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 11 minutes to read the instructions, gather the facts, and answer the questions. **Send only comments relating to our time estimate above to:** SSA, 6401 Security Blvd, Baltimore, MD 21235-6401.

REQUEST FOR SOCIAL SECURITY EARNING INFORMATION

1. Provide your name as it appears on your most recent Social Security card or the name of the individual whose earnings you are requesting.

First Name: Middle Initial:

Last Name:

Social Security Number (SSN) One SSN per request

Date of Birth: Date of Death:

Other Name(s) Used
Maiden Name)

2. What kind of earnings information do you need? (Choose **ONE** of the following types of earnings or SSA must return this request.)

Itemized Statement of Earnings \$91.00

(Includes the names and addresses of employers)

If you check this box, tell us why you need this information below.

Year(s) Requested: to

Year(s) Requested: to

Check this box if you want the earnings information **CERTIFIED** for an additional \$34.00 fee.

Certified Yearly Totals of Earnings \$34.00

(Does not include the names and addresses of employers) Yearly earnings totals are FREE to the public if you do not require certification. To obtain FREE yearly totals of earnings, visit our website at www.ssa.gov/myaccount.

Year(s) Requested: 1 9 9 3 to 2 0 1 9

Year(s) Requested: to

3. If you would like this information **sent to someone else**, please fill in the information below.

I authorize the Social Security Administration to release the earnings information to:

Name Gulino v. Board of Education

Address PO Box 9000 #6543

State NY

City Merrick

ZIP Code 11566

4. I am the individual to whom the record pertains (or a person authorized to sign on behalf of that individual). I understand that any false representation to knowingly and willfully obtain information from Social Security records is punishable by a fine of not more than \$5,000 or one year in prison.

Signature AND Printed Name of Individual or Legal Guardian

SSA must receive this form within 120 days from the date signed

Date

Relationship (if applicable, you must attach proof)

Daytime Phone:

Address

State

City

ZIP Code

Witnesses must sign this form ONLY if the above signature is by marked (X). If signed by mark (X), two witnesses to the signing who know the signee must sign below and provide their full addresses. Please print the signee's name next to the mark (X) on the signature line above.

1. Signature of Witness

2. Signature of Witness

Address (Number and Street, City, State and ZIP Code)

Address (Number and Street, City, State and ZIP Code)



INSTRUCTIONS FOR FILING A CLAIM TO BE CONSIDERED FOR A MONETARY AWARD, A PERMANENT TEACHING POSITION, AND/OR RETROACTIVE SENIORITY

1. To be eligible for an individual award in this lawsuit (such as money or a job offer), you must submit a completed Claim Form either by mail, email, or by uploading it using the Claimant Portal at www.gulinolitigation.com. You may also complete and submit this Claim Form online at www.gulinolitigation.com.

Please note: If you provide incomplete, incorrect, or inaccurate information, your claim may be denied. The information you provide will be used for processing of your claim and will not be used or released for any other purpose. Your Social Security Number is necessary for tax reporting purposes and will be kept strictly confidential.

Filling out the Claim Form does not guarantee that you will receive an award, but if you do not complete and return the Claim Form, you will not be eligible to receive benefits from this lawsuit.

2. This Claim Form includes a Consent Form. Please be sure to fill out and sign the Claim Form AND the Consent Form. The Consent Form will only be used to obtain your earnings information from the Social Security Administration if you are eligible for an award and to assist in calculating the amount of money you should receive. Please write your claim number in the upper right corner of the Consent Form. Certain information on the attached form has already been completed for you. Please complete the remainder of the form. If you have any questions, please contact the Claims Administrator.
3. **FILL OUT EVERY SECTION OF THE CLAIM FORM.**
4. Mail your Claim Form and the attached Consent Form to the address listed below, upload them electronically using the Claimant Portal at www.gulinolitigation.com, or email the Claim Form and Consent Form to Questions@gulinolitigation.com.

Gulino v. Board of Education
PO Box 9000, #6543
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5. You may also complete this claim form online at www.gulinolitigation.com. Please click on the link "Submit Claim Form Online" and follow the instructions. Please Note – You will still be required to complete, sign and return the Consent Form via one of the methods in #4 above.
6. **All forms must be postmarked or electronically submitted by December 31, 2014 or else you will lose the chance to receive an award (such as money or a job offer), absent good cause.**



7. If you return the Claim Form and/or the attached Consent Form:
 - You authorize your materials to be shared among counsel for the parties, the New York City Department of Education, any expert witness retained by the parties, the Court, the Court-appointed Claims Administrator, and a Court-appointed Special Master.
 - The Claims Administrator will acknowledge receipt of your Claim Form by mail, within 30 days. Your claim is not deemed filed until you receive an acknowledgment postcard. If you do not receive an acknowledgment postcard within 30 days, please call the Claims Administrator toll free at 1-844-322-8233.
 - You may be asked for more information, so please look out for future mailings.
 - The Court will make the final decision about whether you are eligible for an award.
8. Please keep all records of your employment earnings, employment history, medical history, and out-of-pocket expenses for insurance and medical care from the time you first failed the LAST through the present. You may be asked to provide these records.
9. Monetary awards will be calculated based on the standards of the Title VII statute and applicable case law. Under Title VII, a victim of employment discrimination is entitled to the salary he or she would have earned absent the discrimination, from the time of the wrongful employment action through the time of judgment. Backpay includes any anticipated raises and benefits the victim would have received, and it excludes salary earned through other employment during the backpay period. Victims are also ordinarily entitled to compounded interest on their overall backpay award. See *DeCurtis v. Upward Bound Int'l, Inc.*, 09-CV-5378, 2011 WL 4549412, *3, 6 (S.D.N.Y. Sept. 27, 2011); 42 U.S.C. § 2000-e(g)(1).
10. For more information, please visit www.gulinolitigation.com or contact The Garden City Group, Inc., the Court-appointed Claims Administrator, at the address or phone number above, or by e-mail at Questions@gulinolitigation.com.